



REQUEST FOR ABSTRACT OF DRIVING RECORD

An abstract of driving record must be obtained through the Department of Licensing.

This form may be used to request a copy of **your** driving record by completing the following information:

PRINT LAST NAME	FIRST NAME	MIDDLE INITIAL
WASHINGTON DRIVER LICENSE NUMBER	DATE OF BIRTH	DAYTIME TELEPHONE NUMBER ()
<p>PURPOSE OF DRIVE RECORD. IF NONE OF THE BOXES ARE CHECKED, FORM WILL BE RETURNED.</p> <p><input type="checkbox"/> Three-year non-commercial insurance record.</p> <p><input type="checkbox"/> Three-year commercial insurance record. <i>(For use by commercial employers' insurance companies only.)</i></p> <p><input type="checkbox"/> Full employment/commercial record. <i>(Available to provide to employers or prospective employers to determine whether you should be employed to operate a commercial vehicle or school bus. Commercial vehicle means any vehicle the principal use of which is the transportation of commodities, merchandise, produce, freight, animals or passengers for hire. The information contained in the abstract of driving record obtained from the Department of Licensing shall be used in accordance with requirements and in no way violate the provision of RCW 46.52.130.)</i></p> <p><input type="checkbox"/> Complete record. <i>(Shows all convictions, accidents, and suspension/revocation actions. Alcohol related activities stay on record for a minimum of fifteen years. Requested by the individual, attorneys, law and justice agencies, and governmental agencies.)</i></p> <p style="text-align: center;">X _____</p> <p style="text-align: center;">SIGN HERE FOR VERIFICATION OF YOUR IDENTITY DATE</p>		

A fee of \$4.50 is required for each driving record requested. Fee should be in the form of a check or money order made payable to the Department of Licensing. Allow two weeks from date of mailing to receive your record. For further questions contact Customer Service at (360) 902-3900.

Please mail your request to: Department of Licensing
Driver Record Section
PO Box 9030
Olympia, WA 98507-9030

Indicate your residence/mailling address in the space provided below. Your drive record will be mailed to this address. If the address you are providing is new, check the new address box and your drive record will be updated.

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116.
TR-511-009 REQ FOR ABSTRACT DRIVING RECORD (R/5/01)OR/W

TO: _____

New: ☐ residence ☐ mailing address